



THE UNIVERSITY of TEXAS
MEDICAL SCHOOL AT HOUSTON
A part of The University of Texas Health Science Center at Houston

INTER-DEPARTMENTAL TRANSFER VOUCHER FORM

PAYMENT FOR SCANS PERFORMED IN UT 3-T MRI SCANNER FACILITY

DATE: _____ Voucher # _____

AMOUNT TO TRANSFER: \$ _____

ACCOUNT TO BE CHARGED: _____
FMS Fund Chartstring: _____
OpU / Dept Cd / Fund / Program / Class Code/ Acct

ACCOUNT TITLE

AUTHORIZED SIGNATURE _____